

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>62014</i>	<i>4/25/00</i>
O.I.P.E. CLASSIFIER		<i>413</i>	<i>5/28/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>10976</i>	<i>6-21-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>10976</i>	<i>8-8-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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